

# CALIFORNIA'S HEALTH

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STATE DEPARTMENT OF PUBLIC HEALTH  
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## STATE ASSISTANCE FOR LOCAL HEALTH WORK

A major stride toward provision of basic public health services throughout California was taken when Governor Earl Warren signed into law Assembly Bill 2223 which provides financial assistance to all fulltime local health departments that meet minimum standards.

Provided in the act are \$3,000,000 for the further development of local health departments during the present fiscal year. The law becomes effective September 19th. However, funds will not become available until standards under which the money is to be administered are approved by the Conference of Local Health Officers. A meeting of the conference cannot be held until 10 days after the law goes into effect.

Reprinted in full below is the act which becomes Chapter 8, Part 2, Division 1, of the Health and Safety Code.

### CHAPTER 8. STATE AID FOR LOCAL HEALTH ADMINISTRATION

#### Article 1. Definitions and General Policy

1100. The rapid increase in the population of the State and the increasing industrialization in both the urban and rural areas necessitate the provision of effective public health services to all the people of the State.

In many areas within the State local public health agencies (that is, health departments of counties, cities and local health districts) lack the necessary funds, and the local population lack the means to furnish funds, to provide effective public health services.

The Legislature therefore seeks to further the provision of necessary public health services by granting financial assistance to cities, counties, and local health districts, thus enabling them to meet present and future health needs in an efficient and effective manner. The funds to be granted are to augment local appropriations provided for public health purposes, and shall not be used to replace local appropriations.

The administrative pattern providing public health services to all the people of the State will vary in different areas. It is generally recognized that the minimum population necessary for efficient administration of a local public health unit is approximately 50,000. To attain this desirable population minimum it will be necessary in some areas for two or more counties to unite and establish a single administrative public health unit.

1101. "Population," for the purpose of this chapter, shall be determined by the most recent United States decennial census; provided, however, whenever it appears to the State Department of Public Health that the population of any city, county, or city and county has changed sufficiently to warrant adjustment, the State Department of Public Health for purposes of this chapter may determine population for cities, counties, and cities and counties.

1102. For the purposes of this chapter a "local health department" shall be interpreted to mean any one of the following public health administrative organizations:

(a) A local health district created pursuant to Division 1, Part 2, Chapter 6 of the Health and Safety Code, which includes territory in one or more counties, and which includes at least all of the cities which have less than 50,000 population in such county or counties.

(b) A local health department serving one or more counties which shall on the effective date of this act and thereafter provide services to all cities whose population is less than 50,000 in addition to the unincorporated territory of such county or counties.

(c) A county health department which does not serve all of the cities of less than 50,000 population, but which has the provisional approval of the State Department of Public Health, in accordance with Section 1140; provided, however, that such provisional approval shall terminate on the ninety-first day after final adjournment of the 1949 Regular Session of the Legislature.

(d) The health department of a city of 50,000 or greater population, except that the governing body of such city by resolution may declare its intention to be included under the jurisdiction of the county health department, or of the local health district serving other territory in such county, as provided by existing statutes.

(e) The local health department of any county which had under its jurisdiction on the effective date of this chapter a population in excess of 1,000,000, or the local health department of any city and county.

#### Article 2. Administration

1110. There is hereby established a California Conference of Local Health Officers with which the board and the department shall consult in establishing standards as provided in this chapter. The conference shall consist of all legally appointed local health officers in the State. It shall organize, and shall annually elect a president, a vice president and a secretary, who shall serve as the executive committee of the conference and each of whom shall be a full-time local health officer. The president of the conference, after consultation with the director, shall appoint, for the purpose of advising with the director, such other committees of the conference as may from time to time be necessary.

Meetings of the conference for the purposes of this chapter shall be called by the director who shall give the members at least ten (10) days' notice of such meetings. At official sessions of meetings of the conference the director shall preside; provided, however, that the conference may hold additional sessions as may be determined by the executive committee of the conference at which the president or other member of the conference shall preside. Those members present at official sessions shall be considered as making up a quorum.

Actual and necessary expenses incident to attendance at not more than two meetings per year of the conference shall be a legal charge against the local governmental unit. Actual and necessary expenses incident to attendance at special meetings of the committees of the conference called by the director shall be a legal charge against any funds available for administration of this chapter.

1110.5. Nothing in this chapter or in any rule or regulation prescribed by the State Department of Public Health in accordance herewith shall compel any practitioner who treats the sick by prayer in the practice of the religion of any well recognized church, sect, denomination, or organization or any persons covered by Sections 2731 and 2800 of the Business and Professions Code to give any information about a disease or disability which is not infectious, contagious, or communicable or authorize any compulsory education, medical examination, or medical treatment.

1111. The State Department of Public Health shall administer this chapter and the State Board of Public Health shall adopt rules and regulations necessary thereto; provided, however, that such rules and regulations shall be adopted only after consultation with and approval by the California Conference of Local Health Officers. Approval of such rules and regulations shall be by majority vote of those present at an official session.

1112. The State Department of Public Health may provide for consultant and advisory services and for the training of technical and professional personnel in educational institutions and field training centers approved by said department, and for the establishment and maintenance of field training centers in local health departments and in the State Department of Public Health.

### Article 3. Qualification for Financial Assistance

1120. Such health departments as qualify for assistance as provided herein, on or after the effective date of this chapter, shall receive such financial aid as hereinafter provided as of the date of their becoming eligible.

### Article 4. Standards

1130. The State Department of Public Health, after consultation with and approval by the Conference of Local Health Officers, shall by board regulations establish standards of education and experience for professional and technical personnel employed in local health departments and for the organization and operation of the local health departments. Such standards may include the maintenance of records of services, finances and expenditures, which shall be reported to the State Department of Public Health in a manner and at such times as it may specify.

### Article 5. State Aid

1140. Provisional approval may be given by the State Department of Public Health to a county health department which meets minimum standards as provided for in this chapter, but which does not serve all cities of less than 50,000 population within such county. Such provisional approval shall terminate on the ninety-first day after final adjournment of the 1949 Regular Session of the Legislature.

1141. From the appropriation made for the purposes of this article, allocation shall be made to the administrative bodies of qualifying local health departments in the following manner:

#### a. A basic allotment as follows:

To the administrative bodies of local health departments serving the territory in one or more counties a basic allotment of sixteen thousand dollars (\$16,000) per county or sixty cents (\$.60) per capita per county, whichever is the lesser; provided, however, that if a county is divided into two or more local health department jurisdictions the basic allotment shall be divided between the departments in proportion to the population served by each department, except that no funds shall be available to

any city of less than 50,000 population for the maintenance of an independent health department.

#### b. A per capita allotment, determined as follows:

After deducting the amounts allowed for the basic allotment as provided in this section, the balance of the appropriation shall be allotted on a per capita basis to the administrative body of each local health department in the proportion that the population of that local health department jurisdiction bears to the population of the State as a whole.

1153. After determining the total amounts available to each area, the State Department of Public Health shall notify the governing body of each local health department of such amount, and of the conditions governing its availability.

1154. No funds appropriated for the purposes of this article shall be allocated to any local health department unless the governing body of such local health department has appropriated for the same period from local funds for the support of such local health department an amount equal to at least twice the per capita allotment provided in Section 1141 (b) of this chapter, such local funds to be wholly exclusive of any state or federal funds received or receivable. Actual expenditures of local funds, exclusive of state or federal funds received, shall be not less than this proportion of the total expenditures.

1155. No funds appropriated for the purposes of this article shall be allocated to any local health department whose professional and technical personnel and whose organization and program do not meet the minimum standards established by the State Department of Public Health.

1156. The basic and per capita allotments shall be paid quarterly to the administrative body of each qualifying local health department. Each quarterly payment may be adjusted on a basis of the actual expenditures during the previous quarter, if such adjustment is necessary to maintain the minimum proportional relationship of state and local expenditures as outlined in Section 1154. The State Department of Public Health shall certify to the State Controller the amounts to be paid to each local health department each quarter and the State Controller shall thereupon draw the necessary warrants, and the State Treasurer shall pay to the administrative body of each local health department the amount so certified. Any such payments may be withheld by the State Department of Public Health if a local health department fails to continue to meet the minimum standards established, provided that not less than 45 days' advance notice of intention to withhold such payments, and the reasons therefor, shall be given to the governing body of the local health department.

SEC. 2. The sum of three million dollars (\$3,000,000) is hereby appropriated out of any money in the State Treasury not otherwise appropriated, to the State Department of Public Health to be expended in carrying out the provisions of this chapter during the 1947-48 Fiscal Year. Of the amount hereby appropriated, four percent (4%), or so much thereof as may be necessary, is hereby made available to the State Department of Public Health for consultant and advisory services and for the training of technical and professional personnel in educational institutions and field training centers approved by said department, and for the establishment and maintenance of field training centers in local health departments and in the State Department of Public Health. Moneys used for consultant and advisory services shall not exceed one-fourth of the funds above allocated. In addition, three and one-half percent (3½%), or so much thereof as may be necessary, is hereby made available for the support of the State Department of Public Health for the administration of this chapter. The balance shall be available for making the allocations provided for in Article 5.

## HOSPITAL INSPECTIONS CHIEF APPOINTED

Dr. John T. Smiley has been appointed Chief of the Bureau of Hospital Inspections. Dr. Smiley served with the U. S. Army during the war as chief medical officer on the Ledo Road in Burma. More recently, he has been assistant superintendent in charge of employee's health at Ancker Hospital, St. Paul, Minnesota.

# PROGRAM HEALTH OFFICERS' DEPARTMENT

## LEAGUE OF CALIFORNIA CITIES

September 22-24

Sir Francis Drake Hotel, San Francisco

### MONDAY, SEPTEMBER 22

2:15-4:30 p.m.

**Chairman:** DR. EDWARD LEE RUSSELL, Orange County Health Officer

Discussion of the Public Health Assistance Act led by staff of the State Department of Public Health.

### TUESDAY, SEPTEMBER 23

9 a.m.-12 noon

**Chairman:** DR. JAMES MORELAND, Alameda County Health Officer

1. What the Part-time Health Officer Needs in Developing His Program—Dr. Roswell Hull, San Benito County Health Officer.
2. Problems of the Part-time Health Officer in a Recreational Area—Dr. Edward Macklin, Lake County Health Officer.
3. A Combined Health and Hospital Program for a Rural Community—Dr. John O. Raffety, Santa Cruz County Health Officer.  
Discussion—Dr. Ira Church, Santa Barbara County Health Officer.
4. What's New in Tuberculosis With Particular Reference to BCG and Streptomycin—Dr. Sidney Shipman, San Francisco.

12:15 p.m.

Health Officers' Department Luncheon

Presidential Address, Dr. Edward Lee Russell.

Business Meeting—Election of Officers and Report of Resolutions Committee.

2:15-4:30 p.m.

**Chairman:** DR. DWIGHT BISSELL, San Jose City Health Officer  
Legislative Highlights.

1. Commitment to Mental Hospitals by Health Officers—Dr. Lawrence Kolb, State Department of Mental Hygiene.  
Discussion—Mr. J. Albert Hutchinson, Deputy State Attorney General.
2. The State Housing Act—Mr. Lawrence Mott, State Division of Immigration and Housing.
3. Motion Picture—To be announced.
4. Milk Legislation—Dr. O. A. Ghiggoile, State Department of Agriculture.

6:30 p.m.

Annual Health Officers' Banquet

**Presiding:** DR. EDWARD LEE RUSSELL

Atomic Energy and the Bikini Bomb Test—Dr. Stafford Warren, Dean, School of Medicine, University of California at Los Angeles.

Motion Pictures of Bikini Test.

### WEDNESDAY, SEPTEMBER 24

9 a.m.-12 noon

**Co-chairmen:** DR. EDWARD LEE RUSSELL

DR. WILTON L. HALVERSON, State Director of Public Health

State Health Officer's Roundtable Discussion.

## PHYSICAL THERAPIST EXAMINATION

The State Personnel Board has announced September 18th as the final date for filing applications to take the examination for physical therapist in the State Department of Public Health. Entrance requirements are graduation from a recognized school of physical therapy and one year of supervised experience following graduation. California residence is not required. The salary range is announced as \$250 to \$310 but this is subject, as are all other state salaries, to the increases voted by the last session of the Legislature. Application blanks may be obtained from the State Personnel Board offices in Sacramento, San Francisco or Los Angeles.

## DEPARTMENT ENGINEERS COOPERATE IN INTERNATIONAL SURVEY

Acting on the request of the International Boundary Commission, the Bureau of Sanitary Engineering furnished field laboratory assistance on studies of a proposed Mexicali-Calexico sewage treatment works.

Studies have been completed and early action on the proposed project seems assured.

Engineers of the Federal Government of Mexico inspected the Tia Juana-San Ysidro trunk sewer and ocean outfall with engineers of this department and plans were developed for surveys on both sides of the border to assure the protection of water wells in the Tia Juana River Basin.

## SAN DIEGO WINS SAFETY HONOR

The City of San Diego was among the National Safety Council's 1946 "traffic safety champions."

San Diego tied with Memphis, Tennessee, for first place honors among cities of 200,000 to 500,000 population.

The California city received its award for reducing its traffic death toll from 96 fatalities per 10,000 registered vehicles in 1945 to a rate of 53 in 1946, as well as for a "strong, well-rounded traffic program."

Other California cities honored were:

San Francisco, honorable mention in cities of 500,000 and over.

Berkeley, third place for cities of 100,000-200,000.

Piedmont, honorable mention for cities of 25,000-50,000.



### MYSTERY OF ARSENIC IN SOYA SAUCE SOLVED BY PROMPT ACTION

Analyses made in a California local public health department laboratory gave the clue which started a chain of investigations leading to the discovery that thousands of gallons of soya sauce shipped by an eastern firm to California and other states had been contaminated with arsenic.

First hint of contamination came on July 7th from the San Jose City Laboratory which found arsenic through qualitative analysis of samples of soya sauce suspected by a physician as the cause of food poisoning in five Japanese. Results were confirmed in the State Department of Public Health Laboratory which found arsenic trioxide in the amount of  $3\frac{1}{2}$  grains per pound. Legal standard for tolerance is .025 grains per pound. In several samples taken later during the investigations, arsenic in the amount of 10 grains per pound was discovered.

The State Bureau of Food and Drug Inspections and the U. S. Food and Drug Administration traced the sauce, which is sold under a number of brand names, to one firm, A. E. Staley Manufacturing Company, Decatur, Ill.

The firm cooperated fully with the investigators and on Sunday, July 13th, sufficient information was obtained to justify advising local health officers by teletype to seize and quarantine all soya sauce. State inspectors assisted in many areas and within a few days all sauce was removed from the market.

Householders were advised by press and radio to destroy soya sauce in their possession.

Cause of contamination was the accidental use in processing the sauce of sodium hydroxide (caustic soda) which had been contaminated with arsenic. The following chain of events led to the contamination. A. E. Staley Manufacturing Company placed an order for liquid sodium hydroxide with two New York firms which in turn placed orders for the product with a New Jersey firm, the Read Manufacturing Company. This company ordered delivery direct from its Illinois plant. The Illinois plant was engaged in making a weed killer in which liquid sodium hydroxide with arsenic is used.

Approximately 80,000 gallons (10 carloads) of soya sauce believed to have been contaminated was shipped to California. Prompt action by state and local inspectors resulted in seizure of all stocks.

As this issue goes to press, it appears that 31 different brands are involved due to the practice of repacking and relabeling. At the request of the A. E. Staley Company, local health officers have been instructed by the State Department of Public Health to destroy all supplies of these brands and their con-

tainers. Reimbursement to dealers will be made by the company.

The State Department of Public Health is endeavoring to obtain information on the number of cases of food poisoning which resulted from the contaminated sauce. Over 120 cases have been reported unofficially and it is suspected that the actual total is several hundred.

Arsenic is a cumulative poisoning. Most severe symptoms occurred in Orientals who use soya sauce with every meal.

### RELAPSING FEVER CONTROL PROGRAM CONDUCTED AT LAKE TAHOE

Directed toward the prevention of relapsing fever, a cooperative public education and control program is being conducted in the Lake Tahoe area with the full support of local officials and residents.

Participating in the program are the California and Nevada State Departments of Public Health, the California State Department of Agriculture and local officials.

In California a door to door distribution of a leaflet, *Save Your Summer From Relapsing Fever*, is being made by the Bureau of Vector Control. This leaflet contains information on measures which will exterminate ticks in houses and cabins. The leaflet is also being distributed by managers of resorts to guests.

Simultaneously, rodent sampling surveys are being conducted by the bureau followed up by rodent control work by the State Department of Agriculture and local agricultural commissioners.

Similar activities are being conducted on the Nevada side of the lake.

The program culminates studies made by the California State Department of Public Health over a period of years on the incidence of relapsing fever in humans and rodents, means of transmission and methods of control.

Although the number of known cases is small, surveys have shown that many are not reported to health authorities.

There were 17 cases reported last year. Through the fourth week in July this year seven cases have been reported from the following counties: Placer, 2; Mono, 2; Inyo, 1; San Bernardino, 1; Los Angeles, 1. The case in Los Angeles County was contracted in the Mt. Wilson area. Since this is the first case reported from that region the State Health Department is conducting a rodent survey there. Relapsing fever occurs in the high mountains since the tick vector is found only above 5,000 feet elevation.

## TRAIN PASSENGERS AND CREW VACCINATED AGAINST SMALLPOX

All passengers and crew on a special Santa Fe train were vaccinated July 25th by Dr. Carl Hawley and staff of the Los Angeles City Health Department, acting as agents of the State Department of Public Health, when information was received that they had been exposed to smallpox.

At Clovis, N. M., a dining car waiter was diagnosed as having smallpox on July 23d. He was removed from the train which was held until arrangements for vaccination were made. Word of the case was reported here on July 24th.

Dr. Hawley and his staff boarded the train at San Bernardino. The train then proceeded to a siding at Fullerton where 138 passengers were vaccinated including 27 crew members. Physicians traveling on the train assisted. No person refused vaccination.

The State Department of Public Health made arrangements for local health officers to check the vaccinations at the place of destination. Eighty-five travelers who were en route to the Lions Club convention in San Francisco were checked on arrival. Twenty-six persons who were on a special tour were checked in Santa Barbara, their first stop, and again in Monterey and San Francisco.

Since first opportunity for exposure is believed to have been July 20th and the passengers and crew were not vaccinated until July 25th, it is possible that some may contract smallpox although the disease will be modified by the vaccination.

## MEDICAL SOCIAL WORKER EXAM

The San Mateo County Civil Service Commission has announced an open competitive examination for medical social worker. Applications which can be obtained from the commission in Redwood City must be filed by September 6th. The examination date is September 10th. Residence is waived for the position and salary range is \$238-\$297.

Entrance requirements include completion of at least one year's graduate course in medical social work in a recognized school plus three years of full-time paid experience in social work of which two years shall have been in an accredited social service department in a clinic or hospital.

Burns are the most frequent cause of accidental deaths of children of all ages. Suffocation caused by blankets or very small playthings caught in the throat take the lives of hundreds of very small children in the United States each year.—*National Conference on Home Safety.*

## PROMPT ACTION AIDS TREATMENT OF TWO PATIENTS

Through prompt action in complying with a request for aid from a member of the staff of a San Francisco hospital, the bureau of Adult Health was able to assist in diagnosis and treatment of two disabled workers and provided information to the attending physician which was of great importance.

The two patients were painters who had been working in an enclosed space for an estimated three or four hours. Originally it was suspected that they had been affected by lead, but subsequent examination of the materials located on the job made it seem probable that they were overcome and disabled by the solvent used in thinning the paint. The chemists of the Bureau of Adult Health did an emergency rapid evaluation of the material and suggested treatment procedures were telephoned to the hospital physicians handling the cases.

Both patients showed marked improvement symptomatically and physically following the treatment. It is felt that the combined efforts of the chemical, engineering, and medical sections of the bureau played an important part in the improvement of these individuals and probably saved their lives.

## CALIFORNIA TUBERCULOSIS SEAL SALE GREATEST IN NATION

The Christmas seal sale of California tuberculosis associations during the last yuletide season was the greatest of any state in the Nation for the fourth consecutive year.

The gross total of the 1946 seal sale in this State was \$1,387,926.04. California's margin over Pennsylvania, the second highest seal seller, was \$22,404.

Not only did California lead the Nation, but the 1946 sale broke its previous record for total amount of money collected. The total gain for the State over the 1945 sale was 7 percent.

In local areas, 48 associations, including the 18 largest, managed to better their records of previous highs.

## LOCAL HEALTH OFFICER CHANGES

Dr. Raymond Kilduff, Oroville, has been appointed Health Officer of Butte County. He replaces Dr. Charles Benninger.

The City of Blue Lake in Humboldt County, which formerly was served by Dr. George P. Purlenky is now under the jurisdiction of the county health department.

The newly incorporated City of Live Oak in Sutter County is under the jurisdiction of the Bi-County Health Department.

## FEDERAL COMMITTEE MAKES REPORT ON MIGRANT LABOR PROBLEM

*Migrant Labor—a Human Problem*, a pamphlet containing the report and recommendations of the Federal Interagency Committee on Migrant Labor will be useful to the staffs of local health departments and other interested agencies and persons, particularly those in areas where problems have been intensified by the termination of the federal camp and medical care programs.

Copies may be obtained from the Superintendent of Documents, Washington 25, D. C. The price is 30 cents.

The committee which formulated the report is composed of representatives of the following federal departments: Agriculture, Labor, Federal Security (including representatives from the Children's Bureau and the U. S. Public Health Service.) Interstate Commerce Commission, National Housing Agency and Railroad Retirement Board.

Specific recommendations for a guide to action fall into three categories:

1. Community and employer acceptance of their obligations toward migrant workers brought in for agricultural or industrial labor.
2. Improved practices in recruiting, transporting and placing migrant workers and in providing them with better housing, health, education and welfare services.
3. Legislation—federal, state and local—to improve the working and living conditions of migrants.

In appendices to the report is valuable information on legislation by the states and recommended guides to state and local agencies including suggested standards for health services for labor camp occupants.

## LAKE COUNTY SURVEY

Three alternatives for provision of basic public health services in Lake County are proposed in a survey made by the State Division of Local Health Services at the request of the Board of Supervisors. The alternatives are:

1. Combination with Mendocino County into a health district under Chapter 6 of the Health and Safety Code;
2. Combination of Lake and Mendocino Counties into a bi-county health department;
3. Formation of a Lake County health service by combining the county health department with the county hospital under the direction of a physician trained and experienced in public health. (Stated as least desirable.)

## STEPS FOR EFFECTIVE USE OF FILMS IN SCHOOLS OUTLINED

Although present-day classroom films on health or any other subject are far from being perfect educational tools, there are many methods which can be used by teachers to make the use of motion pictures in the school more effective.

A discussion of these techniques and a consideration of the factors which hamper the use of visual aids are set forth in an article by Floyd E. Brooker, Chief of Visual Education, U. S. Office of Education in the July 1947 issue of *School Life*.\*

Effective use of films, says Mr. Brooker, depends on three factors:

### 1. Preparation of the Teacher and the Class

The teacher must know the purposes he expects a film to advance and steps by which the film will advance them. He must prepare additional material, notes or class assignments that will cover the gaps in film presentation. Weak points of the film's presentation should be pointed out. An important item in preparation for a film showing is to check in advance all mechanical features such as the projector, the availability of a dark room and the film itself.

### 2. Showing of the Film

The film should be shown so that it will provide an experience that will prove rich and effective when correctly interpreted. Active student participation must also be secured. Opening explanations which will enable the student to fit this new experience into his other experiences and to make a correct interpretation of the film help make the showing more meaningful. One way to secure active participation is by asking the students in advance of the showing to look for certain things.

Rarely can all of the content of a film be learned in one showing. In most instances there is a definite gain when the film or certain selected parts of it are shown more than once.

### 3. The Follow-up or Discussion

In using films dealing with information, basic principles, orientation or general skill, it must be made certain that the students understand the film presentation, that they get all the knowledge the film has to offer and that there are no debatable points remaining in the student's mind. There is a place here for summarization and preparation for the next lesson.

"In general," the author states, "films need adaptation by every instructor in terms of the individual classroom situation. Films, if understood and followed up, will become an instructional tool and not just a gadget of doubtful value. As the instructor grows more at home with film presentation, he will find himself developing his own adaptation and variations from these general rules."

\* Brooker, Floyd E. "Effective Use of Films," *School Life*, 29: 15-17, July, 1947.



## MAKE RECOMMENDATIONS FOR CANCER CONTROL PROGRAM IN L. A.

First of a series of studies of local cancer services has been completed in Los Angeles County by the Chronic Disease Service of the State Department of Public Health under the auspices of the County Medical Association and with the aid of the Cancer Commission of the California Medical Association.

Although there has been a steady increase in the number of cancer deaths and in the crude death rate since 1918, when adjustment is made for the change in the age distribution of the population there appears to have been no increase in the cancer death rate since 1930. There were 5,382 deaths from cancer in Los Angeles County in 1945. The crude death rate in 1944 was 154 per 100,000 population.

Over 1,000 physicians in the county, representing all the specialties indicated their willingness to accept cancer patients on referral. Twenty hospitals have the essential staff and facilities for the conduct of a tumor consultation clinic meeting the standards of the Cancer Commission of the California Medical Association and are now treating cancer patients. Nine organized tumor clinics are functioning.

### RECOMMENDATIONS

Among the major recommendations of the study are the following:

1. Establishment of a cancer record registry, at first on a pilot-plan basis, through the voluntary cooperation of private and public hospitals with the State Department of Public Health.
2. Development of a strong educational program both for the public and the professions.
3. Establishment of a panel of physicians who have expressed their willingness to treat cancer for the referral of patients who call the county medical association or the American Cancer Society because of suspected cancer.
4. Establishment of as many new tumor consultation clinics as meet the standards of the Cancer Commission.
5. Establishment of further cancer detection centers with particular attention to: (a) Observance of minimum standards adopted by the Cancer Commission of the C. M. A.; (b) Participation of general practitioners; (c) Use of the program for the education of residents, internes and medical students.
6. Establishment of a cancer hospital primarily for research and training of physicians and to be closely affiliated with a medical school.
7. Better utilization of visiting nurse services by bringing to the attention of private physicians the availability of these services and the arrange-

ments that can be made for subsidizing visits to persons, not otherwise able to pay, by the American Cancer Society.

8. Coordination by the Cancer Committee of the County Medical Association of the numerous resources available in the county into a well-rounded cancer control program encompassing research, lay education, professional education and diagnostic and treatment facilities.

## CEREBRAL PALSY COMMITTEE FORMED

Under the sponsorship of the Crippled Children's Society in Fresno, a cerebral palsy committee has been established for parents, teachers and others interested in the cerebral palsy program.

An educational program for parents of cerebral palsied children is being planned.

## THREE FILMS READY FOR DISTRIBUTION

Two venereal disease education films produced in Canada and one British child health picture are now available for distribution from the Bureau of Health Education, State Department of Public Health.

*Very Dangerous*—An 18-minute color film for male audiences. Deals with the symptoms, treatment, and transmission of syphilis and gonorrhea. Excellent use is made of animated diagrams.

*Sixteen to Twenty-six*—A similar 18-minute color film but for girls and women. The essential facts about symptoms, treatment, and transmission of syphilis and gonorrhea are presented in the form of an informal talk by a doctor.

*Your Children's Ears*—Deals with ear defects and their diagnosis. Physiology of the ear explained in detail by animated diagrams. Projection time—18 minutes.

## CEREBRAL PALSY PROGRAM

In order to meet the needs of the expanding cerebral palsy program, special training has been provided through the Bureau of Maternal and Child Health for 11 physical therapists and three occupational therapists. Training is being received during the summer at Children's Hospital, Los Angeles, University of Southern California, Stanford University, Children's Rehabilitation Institute in Cokeysville, Md., Vallejo public schools cerebral palsy class.

Only catastrophe can convince the mass of the people of the possibility of catastrophe.—H. G. Wells.

### PLANS FOR FOUR HEARING CLINICS

Plans are being developed in the Bureau of Maternal and Child Health for the establishment of diagnostic otological clinics in the Counties of Orange, Stanislaus, Solano, and Santa Cruz during the coming year.

State-financed clinics of this type are already operating in the following 14 counties: Marin, Napa, Santa Clara, Sutter, Yuba, San Bernardino, San Diego, Contra Costa, Alameda, Humboldt, Ventura, Santa Barbara (now operating a special type of independent program), and Los Angeles.

In addition, three counties, Kern, San Francisco and San Joaquin, are operating independent programs.

About two-thirds of the total population of the United States is covered by organized local health service under the direction of a full-time health officer.—*Guide to Health Organization in the United States.*

Approximately 8,000 children 15 years of age or less die each year in the United States as a result of accidents in their homes.—*National Conference on Home Safety.*

"Approximately 70 percent of the increase in the published death rate of cancer is due to aging of the population."—Wood and Shimkin, "The Cancer Problem," *California Medicine*, June, 1947, p. 365.

"In 1946 one out of every eight deaths (in the United States) was due to cancer, indicating that unless our present knowledge is used to full advantage and unless new knowledge is obtained through research 17,000,000 people now living in the United States will die of cancer."—Wood and Shimkin, "The Cancer Problem," *California Medicine*, June, 1947, p. 364.

Neglected children cost more than well nourished ones to everybody except their immediate parents.—*George Bernard Shaw.*

"For every child who dies under current mortality conditions, four would have died if the conditions prevailing at the beginning of the century had continued to prevail."

*Statistical Bulletin*, Metropolitan Life Insurance Company, May 1947.

It is in the power of man to make all infectious diseases disappear from the world.—*Pasteur.*

### CALIFORNIA MORBIDITY REPORTS

#### SELECTED DISEASES—CIVILIAN CASES

Total Cases for June and Total Cases for January Through June, 1947, 1946, 1945, and Five-year Median (1942-1946)

Selected diseases	Current month				Cumulative			
	June				January through June			
	1947	1946	1945	5-yr. median 1942-1946	1947	1946	1945	5-yr. median 1942-1946
Chickenpox (varicella)...	3,259	1,789	3,755	3,755	30,263	19,377	37,177	32,936
Coccidioid granuloma...	2	2	6	--	29	20	23	--
Conjunctivitis — acute infections of the newborn (ophthalmia neonatorum)...	3	3	2	--	13	28	11	--
Diphtheria...	38	86	64	86	469	646	597	597
Dysentery, bacillary...	5	14	18	--	57	93	148	--
Eacophthalmia, infectious...	7	8	6	6	28	25	29	28
Epilepsy...	110	88	135	--	821	762	824	--
Food poisoning...	53	63	178	--	235	262	256	--
German measles (rubella)...	208	776	1,122	--	1,493	11,253	9,747	--
Influenza, epidemic...	39	30	50	71	692	5,141	495	2,893
Jaundice, infectious...	8	19	35	--	64	108	155	--
Malaria...	4	39	8	19	53	419	57	62
Measles (rubeola)...	717	5,318	4,451	5,318	5,158	59,258	27,604	59,258
Meningitis, meningococcal...	13	34	32	34	171	347	437	437
Mumps (parotitis)...	2,018	1,925	3,269	3,243	12,219	15,594	28,970	23,873
Pneumonia, infectious...	97	91	258	258	1,002	1,415	2,223	2,223
Polymyositis, acute anterior...	87	67	34	34	350	219	85	140
Rabies, animal...	38	50	65	62	172	254	396	396
Rheumatic fever...	98	61	54	--	494	377	410	--
Scarlet fever...	397	498	1,083	657	3,346	4,980	9,444	4,980
Septic sore throat...	26	--	--	--	325	--	--	--
Smallpox (variola)...	--	1	--	--	2	8	3	7
Tuberculosis:								
Pulmonary...	834	596	595	595	4,713	3,735	4,043	3,894
Other forms...	54	49	46	44	321	240	293	227
Typhoid fever...	28	9	7	12	66	65	39	65
Typhus fever...	2	8	2	--	14	25	16	--
Undulant fever (brucellosis)...	17	29	19	19	134	163	136	136
Whooping cough (pertussis)...	1,167	262	1,621	1,127	5,555	2,498	9,589	7,327
Veneral Diseases:								
Chancroid...	36	38	30	--	308	254	130	--
Gonococcus infection...	2,428	2,330	2,140	1,611	16,045	15,407	13,133	9,092
Granuloma inguinale...	6	2	5	--	48	17	26	--
Lymphogranuloma venereum (lymphopatia venereum, lymphogranuloma inguinale)...	13	20	26	--	108	103	127	--
Syphilis...	1,696	1,587	2,440	2,215	12,243	11,784	14,300	14,079

Health cannot be given to the community by laws, motion pictures, offering advice, or fining those who fail to report disease. The patient, the community, can be as healthy as it chooses or as sick as it is willing to stand for. Only when the community fully understands the reasons for these things will it take an active interest in public health work.—*Haven Emerson, M.D.*

In no field of effort is there so much promise and opportunity as in conserving the public health.—*Charles Evans Hughes.*

Care for the health of the people is the secret of national efficiency.—*David Lloyd George.*



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